


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 149148001US1	
Application Number 09/930,106-Conf. #9880		Filed August 14, 2001	
For METHOD FOR EXECUTING A 32-BIT FLAT ADDRESS PROGRAM DURING A SYSTEM MANAGEMENT MODE INTERRUPT			
Art Unit 2181		Examiner J. R. Moll	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below)			
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee	Small Entity Fee
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$120	\$60 \$ 60.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$460	\$230 \$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1050	\$525 \$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$1640	\$820 \$ _____
<input type="checkbox"/>		\$2230	\$1115 \$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input checked="" type="checkbox"/> Payment in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0665</u> .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>59,883</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34 _____			
 _____ Signature		March 24, 2008 _____ Date	
Judy M. Kadoura _____ Typed or printed name		(206) 359-8000 _____ Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			